

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of

MASSACHUSETTS

ELIZABETH RUIZ, individually and as mother
and natural guardian of ERIN ARTIS, a minor

V.

THE UNITED STATES OF AMERICA

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

04 - 12119 PBS

TO: (Name and address of Defendant)

THE UNITED STATES OF AMERICA
C/O John D. Ashcroft, Attorney General of the United States
Department of Justice
950 Pennsylvania Avenue, N.W.
Room 4545
Washington, D.C. 20530-0001

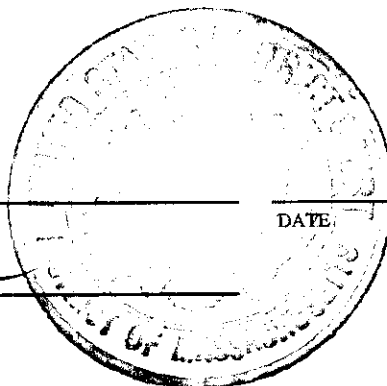
YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Barry D. Lang, Esq.
Barry D. Lang, M.D. & Associates
One State Street
Suite 1050
Boston, MA 02109

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

(By) DEPUTY CLERK



DATE

10-6-04

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

John D. Ashcroft
US Atty Gen
950 Penn. Ave, NW
Room 4545
Washington DC 20530

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
John D. Ashcroft
- B. Received by (Printed Name) ☐ Date of Delivery
 OCT 19 2004
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2030 0002 2305 0778

102595-02-M-1540

Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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Article Addressed to:

Richard La Spina, MD
413 Broadway
Methuen MA 01844

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
Richard La Spina
- B. Received by (Printed Name) ☐ Date of Delivery
 OCT 19 2004
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2030 0002 2305 0853

102595-02-M-1540

Article Number
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Michael Sullivan, Esq
US Atty - MASS
John J. Moakley Courthouse
1 Court House Way
Suite 9200
Boston, MA 02210

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
Michael Sullivan
- B. Received by (Printed Name) ☐ Date of Delivery
 10/18/04
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2030 0002 2305 0761

102595-02-M-1540

Article Number
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Charles Mills, MD
409 West Broadway
So. Boston, MA 02127

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
Charles Mills
- B. Received by (Printed Name) ☐ Date of Delivery
 10-14
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2030 0002 2305 0837

102595-02-M-1540

Article Number
 (Transfer from service label)
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Domestic Return Receipt

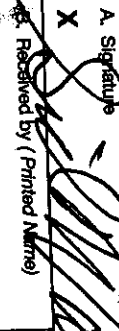
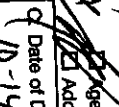
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1. Article Addressed to:

Virginia Fitzgerald, MD
409 W. Broadway
So. Boston MA 02107

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent ☒ Addressed
B. Received by (Printed Name)  C. Date of Delivery 10-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7002 2030 0002 2305 0822

(Transfer from service label)

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt


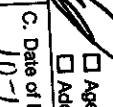
SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Neil Benet, MD
409 West Broadway
So. Boston MA 02107

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent ☐ Addressed
B. Received by (Printed Name)  C. Date of Delivery 10-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7002 2030 0002 2305 0846

(Transfer from service label)

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt